

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/589217		FILING DATE		
APPLICANT(S)											
CLAIMS											
		AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT					
		IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.
1		✓		✓				51			
2								52			
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48								98			
49								99			
50								100			
TOTAL IND.	3	↓	3	↓			↓	TOTAL IND.		↓	↓
TOTAL DEP.	27	←	18	←			←	TOTAL DEP.		←	←
TOTAL CLAIMS	30		2					TOTAL CLAIMS			

PTO - 1360 (REV. 11/04)

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